PTO/SB/22 (08-03)
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<u> </u>	E (14-15-						
PETI	TION FOR EXTENSION OF TIME UND			Optional) 98RSS350-Div			
			ahul Magoon				
			<u>)/779,879</u>	Filed 2/18/2004			
	•	For PROGRAMMA	BLE FREQUE	ENCY DIVIDER			
		Art Unit 2816	Examiner				
This i	is a request under the provisions of 37 CFR cation.	1.136(a) to extend the perio	od for filing a reply	in the above identified			
The r	equested extension and appropriate non-sm	all-entity fee are as follows	(check time period	d desired):			
	One month (37 CFR 1.17(a)(1))			\$			
	Two months (37 CFR 1.17(a)(2))			s_430.00			
	☐ Three months (37 CFR 1.17(a)(3))			\$			
	Four months (37 CFR 1.17(a)(4))			· s			
	Five months (37 CFR 1.17(a)(5))			\$			
	Applicant claims small entity status. See 37 half, and the resulting fee is: \$	CFR 1.27. Therefore, the	fee amount shown	above is reduced by one-			
	A check in the amount of the fee is end	losed.					
M	Payment by credit card. Form PTO-203	38 is attached.					
	The Director has already been authorize	ed to charge fees in this	application to a	Deposit Account.			
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number						
	I have enclosed a duplicate copy of this sheet.						
	I am the applicant/inventor.						
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
	attorney or agent of record. Registration Number 41,125						
	attorney or agent unde Registration number if a	er 37 CFR 1.34(a). cting under 37 CFR 1.34(a)		·			
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on P10-2038.						
	1 De 8, 2004	/ <i>f</i> /l					
	Date		Signa	ature			
	6192401-80138		Alliam J. Kolegraff				
NOTE	Telephone Number Signatures of all the investors or assignees of record of	the entire interest or their represe	Typed or protective(s) are required:				
	ure is required the below.						
his col	Total of	ns are submitted. e information is required to obtain (or retain a benefit by the	public which is to file (and by the			
JSPTO to process) an application somidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, recluding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments must be amount of time that require isocomplete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 1J.S. Departient of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS LODGESS. SEND TO Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.							
		ompleting the form, call 1-800-PTC	-9199 and select option	12.			
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Docket No: 26169-125-601

Accompanying Application (c_ntinued)					
17. X Additional	17. X Additional enclosures (please identify below):				
Application Data Sheet					
Fee Calculation and Transmittal					
The filing fee for the	is utility pate	ent application is	calculated a	nd transmitted as fo	llows:
X Large Entity		Small Entity			
		CLA	IMS AS FILI	D	
For	# Filed	# Allowed	# Extra	Rate	Fee
Total Claims	11	20 =	0	X	\$0.00
Independent Claims	2	3 =	0	×	\$0.00
Multiple Depen	dent Claim	s (check if appli	cable)		
Other Fees (sp	ecify purpo	ose):			
				BASIC FEE	\$770.00
			TO	TAL FILING FEE	\$770.00
X Check in the amount of \$770.00 to cover the total filing fee are enclosed. X The Commissioner is hereby authorized to charge and Deposit Account No. 50-0311 as described below. A duplicate copy of this sheet is enclosed.					
Charge the amount of as filing fee.					
X Credit an	ıy overpayı	nent.			
X Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.					
Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.31(b).					
Haco				Dated: I	February 18, 2004
Rick A. Toering Reg. No. 43,195 MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO PC 11911 Freedom Drive, Suite 400 Reston, Virginia 20190 703-464-4800 Fax: 703-464-4895					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control n PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 779879 CLAIMS'AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) SMALL ENTIT (Column 2) **FOR NUMBER FILED** NUMBER EXTRA RATE FEE RATE **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = OR **INDEPENDENT CLAIMS** (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER **PRESENT** RATE ADDI-RATE IDA AMENDMENT **EXTRA AFTER PREVIOUSLY** TIONAL **101**T **AMENDMENT** PAID FOR FEE FE Total Minus (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus 3 OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST മ PRESENT REMAINING NUMBER RATE ADDI-RATE ADE AMENDMENT **AFTER EXTRA PREVIOUSLY** TIONAL TION PAID FOR AMENDMENT FEE FEI Total Minus (37 CFR 1.16(c)) X \$ OR X \$ Independent Minus X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE

		(Column 1)		(Column 2)	(Column 3)		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
DME	Total (37 CFR 1.16(c))	•	Minus	••	=		
EN	Independent (37 CFR 1 16(b))	•	Minus	•••	Ξ		
AR	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))						

RATE	ADDI- TIONAL FEE		RATE
x \$=		OR	× \$=
X \$ =		OR	x \$=
+ \$ =		OR	+ 9=
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

ADC

TION. FEE

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 - The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.